

KENTUCKY WASTEWATER PROJECT PROFILE FORM

FOR STATE USE ONLY
PROJECT # _____

1 Project Title: _____

2 Project Description: (40 words or less) _____

3 Legal Applicant

Applying Entity: _____
Authorized Official: _____
Title: _____
Street/PO Box: _____
City: _____
Zip Code: _____
Contact Person: _____
Telephone: _____
Fax: _____
E-Mail Address: _____

KPDES#(s) or KIMOP#(s) of any currently used collection or treatment system: _____
KPDES#(s) or KIMOP#(s) of collection or treatment system to be used as a result of this project: _____

If project is for a new wastewater collection system (KIMOP), the KPDES# of the treatment system that will be receiving the wastewater: _____

4 Application: New: _____ Revision: _____
If revision, originally directed to: (agency) _____

5 Project Type:

_____ Planning
_____ Sewer System Evaluation Survey Report
_____ Design
_____ Construction
_____ Management

6 Project Alternatives: Please list a minimum of three:

- a. _____

- b. _____

- c. _____

7 Special Impact(s) of Proposed Water/Wastewater Project:

- a. New service/improved service to _____ unserved households
 _____ underserved households
- b. Number of jobs: _____ new/retained
- c. Other beneficial technical, managerial, fiscal impacts: (20 words or less) _____

- d. Rate impact/reasonableness of cost: _____

- e. If proposed extension of service to existing homes is related to public health protection, please describe the source water quality and availability: _____

8 Median Household Income of Service Area: _____

9 Project Start Schedule: Years 0-2 _____ Years 3-10: _____ Years 11-20: _____

10 Estimated Funding Sources:

TABLE 1: ESTIMATED FUNDING (\$1,000)							
	Total	SRF Amount Water	SRF Amount Wastewater	CDBG Amount	RD Amount	Other (name)	Other (name) Amount
0-2 Years							
3-10 Years							
11-12 Years							
TOTAL							

11 Project Data - Wastewater (check/complete all items which apply to your project)

Watershed: _____

Modifications to treatment plant

Current treatment capacity (design): _____

Treatment capacity (design) after project: _____

_____ Collector sewer (linear feet/size/material) _____

_____ Interceptor sewer (linear feet/size/material) _____

_____ Sewer Rehab (linear feet/size/material) _____

_____ Management (describe): _____

Does your agency currently provide sewer service: yes _____ no _____

_____ This project will prevent new discharges

_____ This project will extend sewer service outside of the applicant's existing planning area
 or jurisdictional boundaries

Total Estimated Project Cost (wastewater): \$ _____

TABLE 2: FLOW DATA										
Service Area	Population Served (No. of persons)	Average			Average Design Flow (MGD)	GPCD Average (GPCD)	Peak Daily			
		Total Flow (MGD)	Industrial Flow (MGD)	Commercial Flow (MGD)			Peak Daily Flow (MGD)	Industrial Flow (MGD)	Commercial Flow (MGD)	GPCD Peak (GPCD)
Current										
0-2 Years										
3-10 Years										
11-20 Years										

TABLE 3: COST (\$1,000)										
	Category							Total Categories I-V Per Period	Operations and Maintenance	Category VII D NPS Urban
	I	II	III A	III B	IV A	IV B	V			
	Secondary Treatment	Advanced Treatment	I/I Removal	Sewer Rehab	Collector Sewers	Interceptor Sewers	Combined Sewer Overflows			
0-2 Years										
3-10 Years										
11-20 Years										
TOTAL (\$1,000)										

TABLE 4: NEEDS							
	Public Health Concerns Eliminated			Total No. of WWTPs to be Eliminated		Overflow Points to be Eliminated	
	Number of Raw Sewage Discharges	Number of Failing Septic Systems	Septic Systems to be Eliminated	Total No. of WWTPs to be Eliminated	Total Average Design Flow from Eliminated WWTPs (MGD)	Total No. of SSOs to be Eliminated	Total No. of CSOs to be Eliminated
0-2 Years							
3-10 Years							
11-20 Years							
Total 20 Year PA							
KPDES No. of WWTP to be Eliminated	Name of WWTP to be Eliminated	Latitude (in decimals)	Longitude (in decimals)	Planning Period to be Eliminated	Average Design Flow (MGD)		

I acknowledge and affirm that the preliminary project data and information provided herein captioned as a Water/Wastewater Project Profile is accurate to the extent of my knowledge, and the submission of same to agencies of the United States Government and the Commonwealth of Kentucky as a planning document represents an official act of the _____ (agency) in seeking the implementation of said project, as so authorized.

Submitted this: _____ day of _____, 200__

Project Title: _____

Authorized Official: _____ (typed name)

_____ (signature)